

Child and Adult Care Food Program (CACFP)

Training Packet and Handbook

Sponsoring Organization of Family Day Care Homes FY 2015



**Division of School and Community Nutrition
500 Mero Street
23rd Floor, Capital Plaza Tower
Frankfort, KY 40601**

Phone: (502) 564-5625

Fax: (502) 564-5519

Claim Fax: (502) 564-8919

<http://education.ky.gov/federal/SCN/Pages/Child-and-Adult-Care-Food-Program.aspx>

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.”

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Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides funds to institutions and sponsoring organizations that provide nutritious meals to participants enrolled in child care centers, day care homes, homeless shelters, and adult day care centers.

Your institution is eligible to participate in this program if you are:

- A public or private nonprofit organization, including sponsoring organizations of unaffiliated centers, head start, and at-risk sites.
- A private for-profit center in which 25% of the participants have been documented as low income,
- A homeless/domestic violence/emergency shelter operated by a public or not-for-profit organization that provides support to homeless children in temporary residential settings, or
- The center may qualify according to other program regulations.

Child care centers and adult day care centers can participate in the Child and Adult Care Food Program either independently or through a sponsoring organization that accepts full administrative and financial responsibility for the program. Day care homes must participate through a sponsoring organization; they cannot participate in the Child and Adult Care Food Program independently.

Participants in eligible child care centers can receive CACFP benefits if they are:

- Age 12 years or under; or
- Children of migrant workers age 15 or under; or
- Mentally/physically disabled persons, as defined by the State, at any age if the majority of enrollees are age 18 or under; or
- Children enrolled in At Risk After School Programs
- Temporary residents of homeless shelters 18 years of age or younger, and residents of any age who have disabilities.

Note: All criteria listed above may not apply to your organization.

Goals

The Goals of the Child and Adult Care Food Program are:

- To ensure that well balanced, nutritious meals are served to children in care.
- To help children learn to eat a wide variety of foods as part of a balanced diet.
- Provide reimbursement for meals served.

Home Participation

Family day care homes must be licensed and fit the USDA definition of a family day care home.

CACFP regulations define a family day care home as “an organized non-residential child care program for children enrolled in a private home, licensed or approved as a family day care home and under the auspices of a sponsoring organization.”

Family Day Care Home Sponsors

Licensed family daycare homes participate in the Child and Adult Care Food Program through affiliation with a Family Day Care Home Sponsor. These Sponsors have an agreement with Kentucky Department of Education, School and Community Nutrition to provide total oversight of the Child and Adult Care Food Program (CACFP) for the facilities (homes) they sponsor. This includes ensuring that all related program regulations and instructions are followed and accepting final administrative and financial responsibility for food service operations in all of the homes under its jurisdiction.

All Family Day Care Home (FDCH) Sponsors must be either government or private non-profit institutions. Private individuals and for-profit organizations are not eligible to function as Sponsors.

Yearly Renewal for Sponsors

Sponsors must reapply for participation in the Program every fiscal year by completing the institution Application in the CNIPS web-based system. Sponsors must submit a management plan with accompanying administrative budget. Through the renewal process Sponsors must demonstrate that they are operating the Program in accordance with all Program regulations and requirements and that their organization is financially viable, administratively capable and accountable as described in 7CFR 226.6. When all materials are complete and approved, an agreement will be signed between the sponsoring organization and the Division of School and Community Nutrition.

Building for the Future

This child care receives
Federal cash assistance to
serve healthy meals to your children.
Good nutrition today means
a stronger tomorrow!

Meals served here must meet
nutrition requirements established by USDA's
Child and Adult Care Food Program.

Questions? Concerns?

Call USDA toll free: **1-866-USDA CND**
(1-866-873-2263)

Visit USDA's website: **www.fns.usda.gov/cnd**



United States Department of Agriculture
Food and Nutrition Service
FNS-317
June 2000
Revised June 2001

USDA is an equal opportunity provider and employer.

Federal Requirements

Regulations related to FDCH

- 226.2 definitions
- 226.6 Administrative Reviews for FDCH
- 226.12 Administrative payment to Sponsoring Organizations for FDCH
- 226.13 Food Service Payment to Sponsoring Organizations for FDCH
- 226.15(f) Tiering Information
- 226.15 Renewal, Management Plan
- 226.18 FDCH provisions

Federal regulations at **7 CFR Part 226** requires institutions participating in the Child and Adult Care Food Program to maintain support documentation for claims submitted.

These regulations can be found at:

<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=86570c8e304645e5da8d64b9d778e428&rgn=div5&view=text&node=7:4.1.1.1.5&idno=7>

Sponsoring Organizations Responsibilities

Record Keeping

Sponsors who participate in the Child and Adult Care Food Program (CACFP) must maintain records at the sponsor location. Sponsoring organizations of providers are responsible for ensuring that each site under the sponsorship is maintaining current month records. Sponsors of providers must ensure that each site maintains copies of at least the previous twelve months records. These records must accurately reflect program operations. Failure to maintain such records will result in the denial of reimbursement and/or termination from the Program.

An organized system for filing and maintaining records will save time when completing the monthly Report and Claim for Reimbursement. For record keeping and organization it is strongly encouraged that all monthly records and supporting documentation be assembled together and filed with a corresponding copy of the Report and Claim for Reimbursement in the institutions or sponsoring organization's main office.

The following records to support reimbursement must be maintained on file for a minimum of 3 years plus the current year:

1. Providers files with contain
 - Enrollment Forms
 - Sign in/out sheets
 - Free/Reduced Price Income Applications for claiming providers own children and mixed tiered homes.
 - Operational information (tiering information, number of children, meals to be claimed)
 - Agreement and monitor reviews
 - Licensure information (capacity, license number, expiration date)
2. Program Costs Documentation including Receipts, Invoices, and Proof of Program Labor.

Failure to maintain any of the following records will result in the repayment of meal reimbursement.
[7 CFR 226.10(d)]

Civil Rights Compliance and Grievance Procedures

The purpose of this policy memorandum is to provide guidance regarding civil rights compliance in the Child and Adult Care Food Program (CACFP).

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

Discrimination is defined as distinguishing a person, or group of people, **either in favor of or against** others intentionally and doing so by neglect or by actions or by lack of actions based on the six protected classes.

The six protected classes associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

Responsibilities of Institutions and Sponsoring organizations

USDA regulations outline responsibility regarding civil rights compliance in CACFP.

The following areas of compliance are the

1. Public Notification System
2. Data collection
3. Training
4. Grievance Procedures

Compliance Areas

1. Public Notification System (PNS)

a. News Release:

- Inform parents or guardians of participants, as well as local minority and grassroots organizations (such as churches, Salvation Army, other community programs) and one media source of the availability of program benefits and services, the nondiscrimination policy and all significant changes in existing requirements that pertain to program eligibility and benefits. (Note: this may be done through the news release **and** letter to parents, income guidelines and application form sent home to the parents or guardians of each participant enrolled.)
- Sponsors are not required to pay sources for this service.
- Sponsors should maintain a copy of the current fiscal years' new release with other CACFP documents, along with sources' names and identification of the contact person at each source in which news release was submitted.

CACFP Instructions for Completing the News Release

1. Place the sponsor's name in the blank.
2. Insert sponsor contact name and phone number.
3. List number of participating sites in the county where the news release is submitted.
4. Make two copies of the News Release. One for media source, one for grassroots organization and original for folder system.
5. Submit form to 1 public information media source (newspaper, radio, etc.) and to 1 minority/grassroots organization (health department, library, grocery store, etc.) to each county that you serve.

NEWS RELEASE – Family Day Care Homes

_____ announces participation in the USDA Child and Adult Care Food Program administered by the Kentucky Department of Education.

Meals will be served at no separate charge to enrolled participants at the center and are provided without regard to race, color, national origin, sex, age or disability. “In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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If you have questions regarding the Program, please contact _____ (sponsor contact person) at _____ (phone number).

County Served: _____

Number of Family Day Care Homes Currently Participating in this County: _____

1. Record name of **public information media** to which news release was sent, and date submitted:

Name: _____ Date: _____

2. Record name of **minority/grassroots organization** to which news release was sent, and date:

Name: _____ Date: _____

*FNS 113-1

b. “And Justice For All” poster

- This poster contains the non-discrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every sponsoring organization office. The main entrance is ideal for placement.
- Only original posters may be displayed.

** “And Justice For All” Poster Example Follows **



c. Non-Discrimination Statement

- The statement in its entirety is required on all materials regarding benefits and services as related to CACFP, such as but not limited to: promotional literature, parent handbooks and websites.

- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.

**** The Non-Discrimination Statement is displayed below in its' entirety ****

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d. Language Barriers/Limited English Proficiency (LEP)

- All institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the Child and Adult Care Food Program, as well as the procedures for filing a discrimination complaint.

**** The link below provides translations for CACFP materials ****

<http://www.fns.usda.gov/documents-available-other-languages>

2. Data Collection

- Ethnic and racial data for each site must be documented annually in the management plan as part of the initial and annual renewal process;
- Institutions must maintain 3 years plus current year of the documentation of ethnic and racial data;
- The collection of racial and ethnic data allows institutions and sponsoring organizations, and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed.

(1) Percentage breakdown of eligible population by racial-ethnic category for the elementary school closest to your site. The link to the racial/ethnicity report for KDE schools is on SCN's website.

(2) The number of participants enrolled in the CACFP program at your center.

	ETHNICITY	
	Hispanic or Latino	Not Hispanic or Latino
(1)	%	%
(2)	#	#

	RACE				
	Black or African American	White	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Asian
(1)	%	%	%	%	%
(2)	#	#	#	#	#

3. Training

- Sponsoring organizations must offer civil rights training to all people involved in their program: staff, volunteers and contractors.
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors enter throughout the fiscal year.
- Staff, volunteers and contractors must be trained annually (within four weeks of the institutions or sponsoring organizations annual training).
- Sponsoring organizations are **required by regulation to** document civil rights training efforts through dated In-Service Training forms identifying that the topic was covered (See In-Service Training form).

4. Civil Rights Complaint Procedure

Institutions and Sponsoring Organization responsibilities

- Keep grievance procedure forms in accessible place and inform necessary persons of location.
- Must accept either written or verbal complaints.
- May NEVER impede participant's ability to file.
- Move complaint forward in a timely manner (forward to state agency within 3 days).

Participant Rights

- Knowledge of all non-discrimination information.
- How to file a claim if they believe their civil rights have been violated.
- A claim may be filed up to 180 days following an alleged action or incident.

**** The following pages include Grievance Report Procedures and Forms ****

KENTUCKY DEPARTMENT OF EDUCATION
Division of School and Community Nutrition
Civil Rights Grievance Report Procedures

In accordance with FNS Instruction 113-1, the _____
(Institution /Sponsoring Organization) provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability.

GENERAL INSTRUCTIONS

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

Procedure for Filing Complaints of Discrimination

1. Right to File a Complaint

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

2. Acceptance

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health Services and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

3. Verbal Complaints

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complainant for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

Civil Rights Grievance Report Form (Complainant Section)

Name _____

Date _____

Address _____

Phone _____

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

State the reason(s) you are filing this grievance report.

What response did you receive from the institution representative during the alleged occurrence?

What results are you seeking from this communication?

Signature of Complainant

Date

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FNS 113-1

Civil Rights Grievance Report Form (Sponsor Section)

Information on person filing grievance: (Complainant)
Name _____

Address _____

Telephone Number _____

Date Received by Institution OR Sponsoring Organization _____

Director's Name _____

Date forwarded to KDE _____

RESOLUTION/COMMENTS:

Signature of Institution or Sponsoring Organization Representative
Date

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FNS 113-1

Sponsoring Organization In-Service Training Documentation

Sponsoring organizations must conduct staff/provider training regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct staff training within the first four weeks of program participation*. Documentation of the training must be recorded on the REGISTRATION FORM. The State Agency recommends discussing the following topics during staff training:

1. Civil Rights Compliance (**MANDATORY**),
2. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart),
3. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on the Monitor Review form),
4. Facilities may only claim two meals and one snack or two snacks and one meal per child per day,
5. Sign in/out sheets,
6. Safety and sanitation,
7. Menus (Participant and Infant),
8. Personnel Activity Reports (for Staff),
9. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency.

Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year. New staff must be trained within the 1st week of employment. Remember to always have new staff members sign in when training is completed. The trainer must provide a signature and date for all new staff trained throughout the year.

Any staff conducting in-service training must have completed training on CACFP policies and procedures.

CACFP Instructions for Completing the In-Service Training Registration Form

1. Fill in the Date, Name of Institution, Location of Training and Training Conducted by.
2. List the topics covered at the training. (*Civil Rights and programmatic function of CACFP is Mandatory*)
3. Have Participants print, sign and give their title and what site they are associated with.
4. If additional pages are needed, please attach them to the form.
5. At the completion of the training, the trainer must sign and date the form.
6. File the Form with appropriate CACFP documentation.

DATE _____

**Kentucky Department of Education
Division of School and Community Nutrition
Sponsor In-Service Training Documentation
REGISTRATION FORM**

Name of Institution: _____ Location _____

Training Conducted by: _____

- Topics Covered: ☐ Civil Rights (Mandatory)
(Check all that apply) ☐ Meal Patterns
 ☐ Meal Counts
 ☐ Claim Submission
 ☐ Review Procedures
 ☐ Record Keeping Requirements
 ☐ Reimbursement System
 ☐ Updates from Annual Training
 ☐ _____
 ☐ _____
 ☐ _____

Printed Name	Signature	Title	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature _____ Date _____ *7 CFR
226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1

MENUS 7 CFR 226.15 (e) 10

All providers are required to keep the State Agency Issued Menu Records, or an approved alternate form (i.e. Minute Menu). Menus function as an important tool because menus help ensure that providers meet proper meal pattern requirements. Menus also report which foods are prepared and served to participants. When listing food items served on Menu Records, be very specific as to the type (i.e. fresh pineapple, canned pineapple tidbits or pineapple slices) and date served. The Food Buying Guide will be a necessary and important reference tool during meal planning and preparations. Providers are responsible for purchasing and preparing adequate amounts of each component for the number of children being claimed during the meal service.

If there are no menus available, if menus are incomplete, meals will be disallowed.

Child and Adult Care Food Program Meal Patterns for Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
Breakfast: <ul style="list-style-type: none"> milk, fluid¹ juice or fruit or vegetable bread or bread alternate or cornbread, biscuits, rolls, muffins, etc. <p>including cereal cold, dry or cereal hot, cooked</p>	$\frac{1}{2}$ cup $\frac{1}{4}$ cup $\frac{1}{2}$ slice $\frac{1}{2}$ serving $\frac{1}{4}$ cup or $\frac{1}{3}$ ounce $\frac{1}{4}$ cup	$\frac{3}{4}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ slice $\frac{1}{2}$ serving $\frac{1}{3}$ cup or $\frac{1}{2}$ ounce $\frac{1}{4}$ cup	1 cup $\frac{1}{2}$ cup 1 slice 1 serving $\frac{3}{4}$ cup or 1 ounce $\frac{1}{2}$ cup
Supplement (Snack) (select 2 out of 4 components) <ul style="list-style-type: none"> milk¹, fluid juice or fruit or vegetable meat or meat alternate egg (large) bread or bread alternate including cereal, cold, dry or cereal hot, cooked 	$\frac{1}{2}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ ounce $\frac{1}{2}$ $\frac{1}{2}$ slice $\frac{1}{4}$ cup or $\frac{1}{3}$ ounce $\frac{1}{4}$ cup	$\frac{1}{2}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ ounce $\frac{1}{2}$ $\frac{1}{2}$ slice $\frac{1}{3}$ cup or $\frac{1}{2}$ ounce $\frac{1}{4}$ cup	1 cup $\frac{3}{4}$ cup 1 ounce $\frac{1}{2}$ 1 slice $\frac{3}{4}$ cup or 1 ounce $\frac{1}{2}$ cup
Lunch or Supper <ul style="list-style-type: none"> milk¹, fluid meat or poultry or fish or egg (large) or cheese or cooked dry beans or peas or peanut butter and other "butters"² nuts and seeds² or yogurt vegetables and/or fruits³ (2 or more total) bread or bread alternate⁴ 	$\frac{1}{2}$ cup 1 ounce $\frac{1}{2}$ 1 ounce $\frac{1}{4}$ cup 2 Tbsp. $\frac{1}{2}$ ounce 4 ounces $\frac{1}{4}$ cup $\frac{1}{2}$ serving or $\frac{1}{2}$ slice	$\frac{3}{4}$ cup 1 $\frac{1}{2}$ ounces $\frac{3}{4}$ 1 $\frac{1}{2}$ ounces $\frac{3}{8}$ cup 3 Tbsp. $\frac{3}{4}$ ounce 6 ounces $\frac{1}{2}$ cup $\frac{1}{2}$ serving or $\frac{1}{2}$ slice	1 cup 2 ounces 1 2 ounces $\frac{1}{2}$ cup 4 Tbsp. 1 ounce 8 ounces $\frac{3}{4}$ cup 1 serving or 1 slice

¹ Milk includes whole milk, 1% low fat milk, 2% reduced fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.

² For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz. of nuts or seeds = 1 oz. of cooked lean meat, poultry or fish.



















³ Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.

⁴ Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

FOOD CHART

















Age: 1 and 2 years 3 through 5 years 6 through 12 years

BREAKFAST






































 Fluid milk	 ½ cup	 ¾ cup	 1 cup
 100% Juice or fruit or vegetable	 ¼ cup	 ½ cup	 ¾ cup
 Bread or bread alternate	 ½ slice*	 ½ slice*	 1 slice*
or cold dry cereal	 ¼ cup (or ½ oz.)	 ½ cup (or ½ oz.)	 ¾ cup (or 1 oz.)
or cooked cereal	 ¼ cup	 ½ cup	 ¾ cup

SNACK

Select two of the following four components**

 Fluid milk	 ½ cup	 ½ cup	 1 cup
 100% Juice or fruit or vegetable	 ½ cup	 ½ cup	 ¾ cup
 Meat or meat alternate	 ½ ounce	 ½ ounce	 1 ounce
 Bread, bread alternate, or cereal	 ½ slice*	 ½ slice*	 1 slice*

LUNCH/SUPPER

 Fluid milk	 ½ cup	 ¾ cup	 1 cup
 Meat or poultry or fish	 1 ounce	 1 ½ ounce	 2 ounces
or cheese	 1 ounce	 1 ½ ounce	 2 ounces
or cottage cheese, cheese food, or cheese spread	 2 ounces (½ cup)	 3 ounces (¾ cup)	 4 ounces (1 cup)
or egg	 1	 1	 1
or cooked dry beans or peas	 ¼ cup	 ¾ cup	 1 ½ cup
or peanut butter, soynut butter or nut or seed butters.	 2T.	 3T.	 4T.
or peanuts, soynuts, tree nuts or seeds	 ½ oz. = 50%	 ¾ oz. = 50%	 1 oz. = 50%
or yogurt***	 ½ cup (4 oz.)	 ¾ cup (6 oz.)	 1 cup (8 oz.)
 Vegetables &/or fruits (2 or more)	 ¼ cup Total	 ½ cup Total	 ¾ cup Total
 Bread or bread alternate	 ½ slice*	 ½ slice*	 1 slice*

* or an equivalent serving of an acceptable bread alternate such as cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour, or a serving of cooked enriched or whole-grain rice or macaroni or other pasta products.

** for snack, juice may not be served when milk is served as the only other component.

*** or any equivalent quantity of any combination of the above meat/meat alternates.

This institution is an equal opportunity provider.

INFANT DAILY MENU RECORD

The Infant Daily Menu Record is required for all programs serving infant meals.

- One type of formula must be offered by the provider.
- Providers cannot **require** parents/caregivers to supply infant formula or food.
- At least one component of meals served to 8-12 month old infants needs to be purchased/provided by the provider.
- Infant feeding times vary depending on the age and development of the child.
- Infant Menu Records need to be kept every day.
- Infants on breast milk or formula may be claimed as long as the provider is feeding the child.
- Only iron fortified infant cereal is creditable.
- Meat sticks or "finger sticks" (which look like miniature hot dogs) are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because they could present a choking risk
- Combination dinners (jarred turkey and rice, etc.) are not creditable.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are not creditable for infants under 12 months of age.

As you know, infant meal patterns vary according to the age of the infants. You should ensure that each age group is receiving all required components. If for some reason children over 1 year of age are still consuming infant foods or formula their meals must be recorded on Infant Daily Menu Record.

Infant Daily Menu Record must have a detailed description. The type of cereal, type of fruit or vegetable and iron fortified formula/breast milk must be listed.

Refer to the infant meal pattern for required components for each meal.

Child and Adult Care Food Program Meal Pattern Requirements for Infants

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}
4 months through 7 months	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4}	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4} 0-3 tablespoons fruit and/or vegetable ⁴	4-8 fluid ounces formula ¹ or breast milk ^{2, 3}
8 months up to first birthday	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ 1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ and/or 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas or ½-2 ounces cheese, or 1-4 tablespoons cottage cheese, cheese food or cheese spread. 1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula ¹ or breast milk ^{2, 3} or fruit juice ⁵ 0-1/2 slice bread ^{4, 6} or 0-2 crackers ^{4, 6}

¹ Infant formula and dry infant cereal shall be iron-fortified.

² It is recommended that breast milk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

⁴ A serving of this component shall be optional.

⁵ Fruit juice shall be full-strength.

⁶ Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

7 CFR 226.20

CACFP Instructions for Completing the Infant Menus 2014-2015

1. Complete your *name* at the top of the menu.
2. Place the *date* in the spot in the proper location.
 - Daily dated menus are required for each month.
3. **For Breakfast**, write in the component served for each age group.
4. **For Lunch or Supper**, write in each component served for each age group.
 - If serving a meat/meat alternative or vegetable/fruit for ages 4 to 7 months or 8 to 11 months, the food must be listed in the appropriate place.
5. **For Snack**, write in each component served for each age group.
 - Please note that for 8 to 11 month olds; formula, breast milk or 100% juice must be written in.
6. The *number of meals* served must be circled for each meal service. This must be done daily.
7. The total number of Breakfast/Lunch/Suppers or Snacks should be totaled for each day.

FY 2015-2016 CACFP FAMILY DAY CARE HOMES INFANT MENU

PROVIDER: _____

WEEK BEGINNING: _____

Does parent provide formula? _____

MINIMUM MEAL REQUIREMENTS					SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MEAL	FOOD REQUIRED	0 TO 3 MONTHS	4-7 MONTHS	8-11 MONTHS							
B R E A K F A S T	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	NONE	1-4 Tbsp.							
A M S N A C K	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							
L U N C H	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	AND / OR STRAINED MEAT COMPONENT	NONE	NONE	1-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-3 Tbsp.	1-4 Tbsp.							
P M S N A C K	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							
S U P P E R	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	6-8 Oz.							
	Iron Fortified Infant Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
	AND / OR STRAINED MEAT COMPONENT	NONE	NONE	1-4 Tbsp.							
	FRUIT OR VEGETABLE (NO JUICE)	NONE	0-3 Tbsp.	1-4 Tbsp.							
LN S N A C K	IRON FORTIFIED INFANT FORMULA OR BREAST MILK	4-6 Oz.	4-8 Oz.	2-4 Oz.							
	OR 100% FRUIT JUICE	NONE	NONE	2-4 Oz.							
	Whole Grain/Enriched Bread Component	NONE	NONE	0-1/2 SLICE OR 0-2 CRACKERS							

Certification capacity: _____

Number of Provider's own children: _____

CREDITABLE FORMULA <i>Only Iron Fortified Infant Formula (IFIF) may be served.</i> <i>If you use any other formula you must have a signed doctor's statement to be reimbursed.</i>	BREAST MILK <i>The mother's breast milk may be served in place of formula. Meals or snacks consisting of breast milk only are reimbursable if the provider serves it from a bottle.</i>	BREAD ALTERNATES <i>Crackers, graham crackers, dry toast, melba toast, zwieback</i> NOTE: avoid highly seasoned snack crackers or crackers with seeds. <i>Only whole grain/enriched bread components can be used as bread alternates</i>	FRUIT VEGETABLE <i>Fruit or vegetable juice may not be substituted in place of a strained fruit or vegetable at major meals. Infants younger than 6 months old may not be served juice. If older than 6 months, juice must be served in a cup.</i>	MEAT OR ALTERNATE <i>1-4 tbsp. meat, poultry, or cooked dry beans or peas, or ½-2 oz. cheese, or 1 to 4 oz. cottage cheese or cheese spread.</i>	INFANT CEREAL <i>Regular cereal, i.e. cream of wheat, oatmeal, etc. may not be substituted in place of iron fortified infant cereal.</i>
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List infants you are claiming this week

Circle meals claimed for each infant

Documentation of enrollment must be available on all infants claimed

AGE	INFANT'S FULL NAME LAST FIRST	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
#1		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#2		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#3		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#4		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#5		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#6		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#7		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#8		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#9		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
#10		BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
TOTALS								

REMINDER: You may only claim 3 meals per child per day, 2 meals and 1 snack or 2 snacks and 1 meal. Remember, that's only 3 circles per day per child.

I certify that the information I have submitted is true and correct to the best of my knowledge, that the records are available to support the information provided, that it is in accordance with the terms of existing agreements and that payment has not been received.
 I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider

Date

**PROVIDER'S TOTALS
FOR THE WEEK**

BREAKFAST _____
 AM SNACK _____
 LUNCH _____
 PM SNACK _____
 SUPPER _____
 LN SNACK _____

**OFFICE USE ONLY
TOTALS FOR THE WEEK**

TIER I TIER II

BREAKFAST _____
 AM SNACK _____
 LUNCH _____
 PM SNACK _____
 SUPPER _____
 LN SNACK _____

CACFP FAMILY DAY CARE HOMES CHILDREN'S MENU

PROVIDER: _____

WEEK BEGINNING: _____

MINIMUM MEAL PATTERN REQUIREMENTS				SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FOOD REQUIRED	AGE 1 - 2	AGE 3 - 5	AGE 6 - 12							
BREAKFAST										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
VEGETABLE AND/OR FRUIT OR JUICE	½ CUP	½ CUP	½ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
AM SNACK choose 2 different components										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	½ oz	½ oz	1 oz							
VEGETABLE AND/OR FRUIT	½ CUP	½ CUP	½ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
LUNCH										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	1 oz	1 ½ oz	2 oz							
VEGETABLE AND/OR FRUIT (NO JUICE) SERVE 2 FOR TOTAL OF 2	½ CUP	½ CUP	½ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
PM SNACK choose 2 different components										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	½ oz	½ oz	1 oz							
VEGETABLE AND/OR FRUIT	½ CUP	½ CUP	½ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
SUPPER										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	1 oz	1 ½ oz	2 oz							
VEGETABLE AND/OR FRUIT (NO JUICE) SERVE 2 FOR TOTAL OF 2	½ CUP	½ CUP	½ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							
LN SNACK choose 2 different components										
MILK, FLUID	½ CUP	½ CUP	1 CUP							
MEAT OR ALTERNATE	½ oz	½ oz	1 oz							
VEGETABLE AND/OR FRUIT	½ CUP	½ CUP	½ CUP							
BREAD OR ALTERNATE	¼ SLICE	¼ SLICE	1 SLICE							

Certification capacity: _____

Number of Provider's own children: _____

List children you are claiming this week Circle meals claimed for each child Documentation of enrollment must be available on all children claimed

AGE	CHILD'S FULL NAME LAST FIRST	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	#1	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#2	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#3	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#4	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#5	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#6	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#7	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#8	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#9	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#10	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#11	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#12	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#13	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#14	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#15	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
TOTALS								

REMINDER: You may only claim 3 meals per child per day, 2 meals and 1 snack or 2 snacks and 1 meal. Remember, that's only 3 circles per day per child.

I certify that the information I have submitted is true and correct to the best of my knowledge, that the records are available to support the information provided, that it is in accordance with the terms of existing agreements and that payment has not been received.
I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider

Date

**PROVIDER'S TOTALS
FOR THE WEEK**

BREAKFAST _____
AM SNACK _____
LUNCH _____
PM SNACK _____
SUPPER _____
LN SNACK _____

OFFICE USE ONLY

TOTALS FOR THE WEEK
TIER I TIER II

BREAKFAST _____
AM SNACK _____
LUNCH _____
PM SNACK _____
SUPPER _____
LN SNACK _____

Meal Component Substitutions

Medical Statement for Participants with Special Dietary Needs

This statement must be completed and submitted to the Provider before any meal substitutions can be made. The parent/guardian will complete Part 1 and the physician will complete either Part 2 or Part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the child's physician.

Disability

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act* (ADA) of 1990, a "*person with a disability*" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the child's disability; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Special Dietary Needs That Are Not a Disability

Food service providers may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child's diet; the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

Parent/Guardian Request for Fluid Milk Substitution

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the provider.

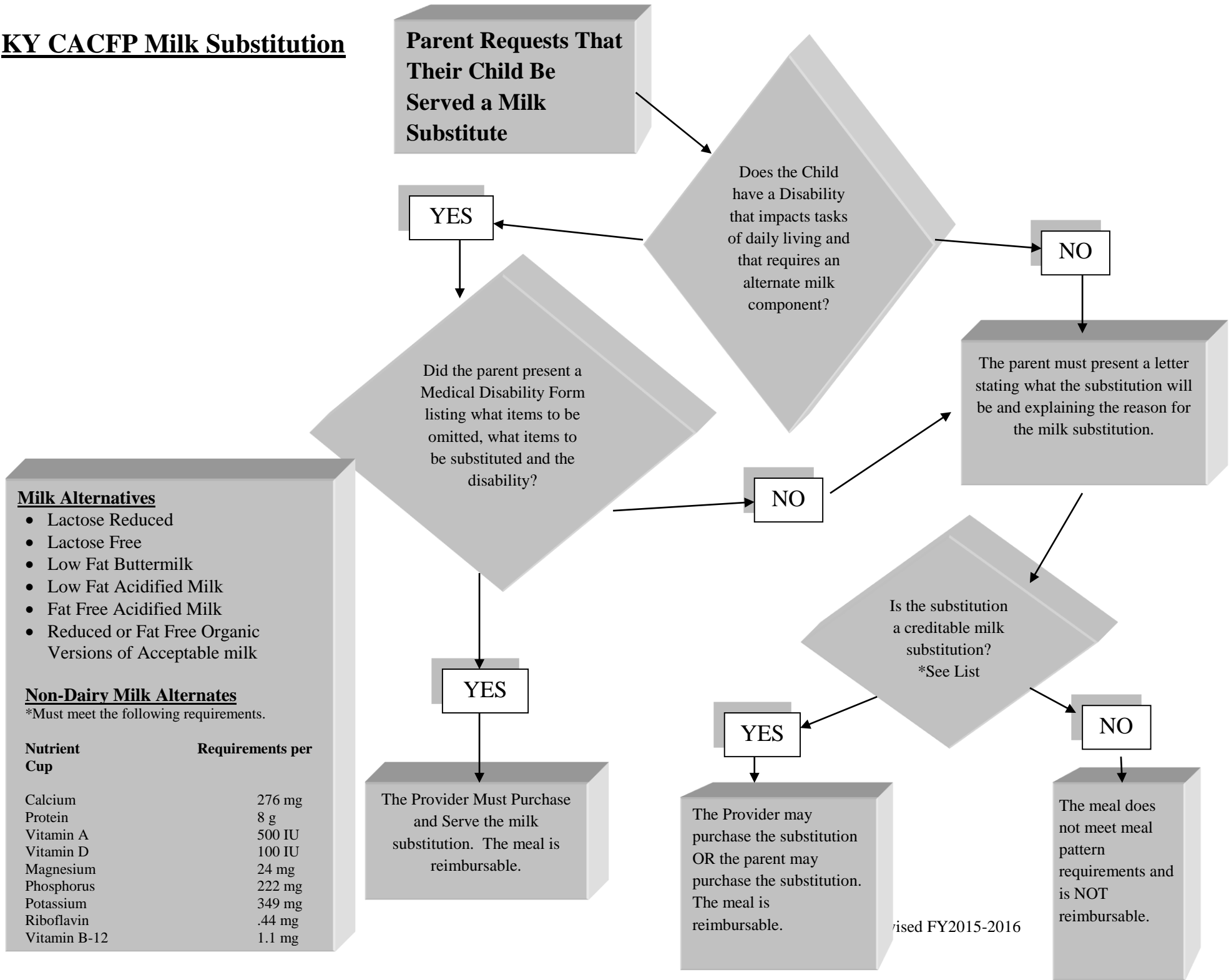
The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the provider to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must contain the following nutrient levels per cup to qualify as an acceptable milk substitution:

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

Food substitutions can be made for participants who are unable to consume regular program meals due to **religious reasons**. In such cases, a statement from the participant's parents/guardian must be provided on behalf of the participant. The statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted. The Provider is **not** required to purchase and prepare alternate foods for religious reasons.

KY CACFP Milk Substitution



**CACFP Instructions for Completing the Medical Statement
for Participants with Special Dietary Needs**

Parent/Guardian Section

1. Fill in information located in table labeled, “Part 1. To be completed by a Parent, Guardian, or Authorized Representative”.
2. If participant has a recognized disability, a licensed physician must complete Part 2. A licensed physician is anyone medically deemed certified to write prescriptions or perform surgery.
3. If participant has special dietary needs that are not a recognized disability, a recognized medical authority must complete Part 3.
4. Physician/Medical Authority must sign and date.
5. Physician/Medical Authority must Print their name, title, and give the telephone number where they may be contacted.

Sponsor Information

1. The statement must be completed in its entirety and submitted prior to substituting any meals.
2. If any changes are needed, a new form will need to be submitted.
3. Parents or guardians may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.
4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

j. Calcium 276 mg	m. Vitamin D 100 IU	p. Potassium 349 mg
k. Protein 8 g	n. Magnesium 24 mg	q. Riboflavin .44 mg
l. Vitamin A 500 IU	o. Phosphorus 222 mg	r. Vitamin B-12 1.1 mcg

Provider/Facility/Center Name: _____



Medical Statement for Participants with Special Dietary Needs

This statement must be completed and submitted to the Provider/Facility/Center listed above before any meal substitutions can be made. The parent/guardian will complete Part 1 and the physician will complete either Part 2 or Part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form signed by the child's physician.

GUIDANCE

Disability:

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the child's disability; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Special Dietary Needs That Are Not a Disability

Food service providers may make food substitutions, at their discretion, for individual children who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the child's diet; the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

Parent/Guardian Request for Fluid Milk Substitution

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

s. Calcium 276 mg	v. Vitamin D 100 IU	y. Potassium 349 mg
t. Protein 8 g	w. Magnesium 24 mg	z. Riboflavin .44 mg
u. Vitamin A 500 IU	x. Phosphorus 222 mg	aa. Vitamin B-12 1.1 mcg

Part 1. To be completed by a Parent, Guardian, or Authorized Representative		
Participant's Name:		Birthday:
Parent/Guardian/Authorized Representative Name:		
Home Phone: ()		Work Phone: ()
Address:		
City:	State:	Zip:

Part 2. For Participants with a DISABILITY-Licensed Physician must complete	
Describe the patient's disability and the major life activities that are affected by the disability:	
<div></div> <div></div> <div></div>	
Foods to be omitted:	Substitutions:
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):	
<div></div> <div></div> <div></div>	
Please provide any other information regarding the diet:	
<div></div> <div></div> <div></div>	

Part 3. For Participants with special Dietary needs that are NOT A DISABILITY-Recognized Medical Authority must complete	
Describe the medical or other special dietary need that restricts the participant's diet:	
<div></div> <div></div> <div></div>	
Foods to be omitted:	Substitutions:
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

Physician/Medical Authority's Signature	Date
Printed Name and Title	Telephone

Instructions for completing the Enrollment Form

Parent/Guardian Section:

1. **Participant Information**-Fill in participant's name (last, first), date of birth, hours of care and meals normally eaten at the FDCH. If the parent/guardian works multiple shifts and the participant may attend the FDCH on an irregular schedule then mark, "Yes" for the question, "Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no", otherwise mark, "No".
2. If the parent supplies the FDCH with any food due to medical or religious reasons, then the parent will list what foods are supplied.
3. **Signature and Parent/Guardian Information**-Sign, date, print name and give phone numbers and address.

Sponsor Section:

1. Ensure form is complete and then the determining official (provider) will sign and date form. If a participant withdraws during the fiscal year, place the date of withdrawal on the line next to, "Date the participant withdrew".

CACFP ENROLLMENT FORM

1. Participant Information: (To be completed by Parent/Guardian)

☐ Participants are related to the Provider

Participant's Last Name	Participant's First Name	Date of Birth	Normal/Typical Hours of Care			Normal/Typical Days of Care (Circle all that apply)							Meals Normally Eaten (Circle all that apply)						
						M	T	W	Th	F	Sa	Su	B	AM	L	PM	S	LN	
				To															
				To															
				To															
				To															
				To															

*Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility

(M=Monday; T=Tuesday; W=Wednesday; Th=Thursday; F=Friday; Sa=Saturday; Su=Sunday)

Meals Normally Eaten-Please circle the meals the participants usually eat at the facility.

(B=Breakfast; AM=AM Supplement; L=Lunch; PM=PM Supplement; S=Supper; LN=Late Night Supplement)

2. Do you supply any food to the center for the participant's meals due to medical or religious reasons?

If Yes, please list foods supplied:

3. Signature and Parent/Guardian Information:

Parent/Guardian Signature _____

Date (Parents date form) _____

Print Name: _____

Home Telephone Number: _____

Work Telephone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

For Provider Use Only. Do not write below this line.

Signature of Provider: _____

Date: _____

Date the participant withdrew: _____

"The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer."

*7 CFR 226.15 (e)(2)

INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care home participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the home for formula served to your baby while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the home may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern (attached to this addendum) developed by the USDA for homes participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Talk with your health care provider and let us know whether you want to use breast milk or a formula while in child care. We also need to know when you will introduce solid foods. You may choose for us to provide the formula, or you may provide the formula for your infant.

(Name of Daycare Home)

is currently provides the following formula(s): _____

Breast milk and formula that you provide should be labeled with your child's name, the contents of the bottle (breast milk or brand of formula), and the date the formula was prepared or the date of collection for breast milk.

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

Sponsor Representative	Phone Number	Date
------------------------	--------------	------

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name _____	Infant Birthdate ____/____/____
--------------------------	--

Check all that apply:

- _____ **Parent** will breast-feed the infant at the day care home
- _____ **Parent** will provide expressed breast milk
- _____ **Parent** will provide iron fortified formula/breast milk and **Home** will provide additional baby food
- _____ **Parent** will provide iron fortified formula/breast milk and additional baby food.
- _____ **Home** will furnish all iron fortified infant formula
- _____ **Home** will furnish all iron fortified infant formula and additional baby food

Parent/Guardian and/or Client Signature

Date

*7 CFR 226.20(b)(5)

INCOME ELIGIBILITY GUIDELINES
For FDCH
(FOR INTERNAL/OFFICE USE ONLY)

The eligibility scale is for determining participating children's eligibility category for federal meal reimbursement if they are not recipients of SNAP (Formerly food stamps) or K-TAP. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

INCOME ELIGIBILITY SCALE

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2015-June 30, 2016				
Household Size	Free Meals		Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>	<i>Monthly</i>	<i>Yearly</i>
1	\$1,276	\$15,301	\$1,815	\$21,775
2	\$1,726	\$20,709	\$2,456	\$29,471
3	\$2,177	\$26,117	\$3,098	\$37,167
4	\$2,628	\$31,525	\$3,739	\$44,863
5	\$3,078	\$36,933	\$4,380	\$52,559
6	\$3,529	\$42,341	\$5,022	\$60,255
7	\$3,980	\$47,749	\$5,663	\$67,951
8	\$4,430	\$53,157	\$6,304	\$75,647
For each additional family member add:	+\$451	+\$5,408	+\$642	+\$7,696

* The term “household” means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

Note: Children that are recipients of the following programs are automatically eligible for the free reimbursement rate:

- SNAP (formerly known as Food Stamps)
- Kentucky Transitional Assistance Program (K-TAP)
- Foster Care Program
- Head Start or Even Start
- Kinship

INCOME APPLICATION FOR FDCH

Sponsors participating in the CACFP must qualify Tier 1 day care homes using school data, census data, or provider income. Mixed tiered homes can also fill out income applications. **The eligibility information is confidential for each participant and must be kept on file. The information is considered valid for one calendar year from the date of the parent/guardian/client signature.** The State Agency recommends that sponsoring organizations obtain income information as a part of the enrollment process.

Sponsor must provide the Income Applications to the providers. Providers who want to claim their own children must fill out and submit an income application. All income applications must be reviewed for completeness by the sponsor. **The determining official must sign and date in order for the application to be deemed complete.**

The State Agency will review income applications to ensure that the applications have been completed and the participants are correctly classified. If verification reveals that the application has inaccurately been classified or that numbers of enrolled participants have been incorrectly reported, the State Agency will require a corrected claim.

Q. What does a completed application require?

A. If the participant is from a family **not** receiving Supplemental Nutrition Assistance Program (SNAP) or Kentucky Transitional Assistance Program(K-TAP), the completed application must include the participant's name, birth date, list of all household members, last four digits of the social security number* of the head of household, and income by source. The application must be signed and dated by the parent/guardian.

or

B. If the participant **is** from a family receiving SNAP or K-TAP, the completed application must include the participant's name, birth date, SNAP or K-TAP number and must be signed and dated by the parent/guardian.

Please ensure that any SNAP/K-TAP numbers reported are the actual case numbers, not the amount received or the SNAP EBT number.

Q. If the family is unable to complete the income application due to a physical or mental disability, illiteracy, or language barrier, can the sponsor complete it?

A. In such a case, the sponsor may complete the application and the parent/guardian and/or client should make an "X" to indicate that the sponsor has completed the application on their behalf. The staff member must initial and date the income application and indicate why the parent/guardian/client could not complete the form without assistance.

Note:

For participants of Child Nutrition Programs, Section 9 (d)(1)of the National School Lunch Act requires that, unless the child's SNAP or K-TAP case number is provided, the last four digits of the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number must be provided. Provision of a social security number is not mandatory, but if the last four digits of the social security number are not provided or an indication is made that the adult household member signing the statements does not have one, the statement cannot be approved. The last four digits may be used to identify the household member in carrying out efforts to verify the correctness of information on the statement.

Instructions for completing the Child Care CACFP Income Application

Parent/Guardian Section

1. **Child Information**-Please **print** the name(s) of the participant(s) (Last Name, First Name) and Birthdate on the lines below. Please ensure the names listed on the Income Application match the names on the Enrollment Form.
2. **Program Benefits**-If the participant receives funding from **SNAP** or **KTAP**, please list the entire case number next to the participant's name and birthdate, then **skip Section 3** and **sign Section 4**. If the participant is under **Kinship** care or a **Foster** child, please mark the appropriate box.
3. **Household Members and Monthly Income**-Please list any other members of the household (Adults, Children) not listed above and their **Monthly** income. *This section must be completed for all participants.*
4. **Signature and Social Security Number**-Please read the statement, "I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws." If the information provided in the previous sections are accurate and true, then sign, give the last 4 digits of your social security number and date. If you do not have a Social Security Number, please check the corresponding box. Finally, print your name, list home and work phone numbers and home address.
5. **Participant's ethnic and racial identities (optional)**-Please indicate participant's ethnic and racial identities.

Sponsor Section

1. Indicate how participant's eligibility will be determined by checking the corresponding box for **SNAP/K-TAP, Foster/Kinship Care** or **Income Household**. If **Income Household** is used to determine eligibility, total incomes and Household Size from Section 3 and place the numbers on the appropriate blanks.
2. If the participant is receiving **SNAP, K-TAP, Foster or Kinship Care** the participant is automatically eligible as **Free**. If the participant is not receiving any outside support then the household income must be used in order to determine eligibility. Once eligibility has been determined using the Income **Eligibility Guidelines**, mark Tier 1 or Tier 2.

Dear Parent/Guardian:

Young children need healthy meals to learn. This letter is intended for parent or guardians of children enrolled at either a child care center or a family day care home. _____ offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care.

Please help us comply with the requirements of the CACFP by completing the attached income application as soon as possible. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

The completed form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the provider. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the provider will receive a higher level of reimbursement.

1. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.
2. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
3. **What if I have foster children?** Foster children are eligible for free meals regardless of the income of the household with whom they reside.
4. **The Kinship Care Program** operates under similar guidelines as that of foster care but the children are placed with family members. Under the Kinship Care Program, the state has custody of the child(ren) until permanent placement takes place (about 2 years later).
5. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, nation origin, sex, age or disability.

If you have questions or need help, call _____ at _____

INCOME ELIGIBILITY SCALE

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2015-June 30, 2016		
Household Size	Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>
1	\$1,815	\$21,775
2	\$2,456	\$29,471
3	\$3,098	\$37,167
4	\$3,739	\$44,863
5	\$4,380	\$52,559
6	\$5,022	\$60,255
7	\$5,663	\$67,951
8	\$6,304	\$75,647
For each additional family member add:	\$642	\$7,696

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the provider tier 1 or tier 2. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservation (FDPIR) case number for the Participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the provider is tier 1 or tier 2, and for administration and enforcement of the program.

Non-discrimination Statement: “In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.”

Sponsor Representative

If you have questions about the CACFP and its administration, you may contact Deanna Tackett, Division Director at 502/564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 500 Mero Street, Frankfort, KY 40601

Phone Number

**KY Child and Adult Care Food Program Income Application
2015-2016 FDCH**

This form must have all sections complete in order for this provider to qualify for reimbursement for meals served to your participants.

*For SNAP and K-TAP benefit information, please include the entire case number and skip section 3 then sign section 4.

1. CHILD INFORMATION (print)		2. PROGRAM BENEFITS		Kinship	Foster
Name of Child (Last, first)	Birthdate	SNAP#	K-TAP#		
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:				
NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____
Signature of Adult Household Member

X _____ ☐ No Social Security Number X _____
Last four digits Social Security Number* Date

Printed Name _____ Home Telephone No. _____ Work Telephone No. _____

Street/Apt.No. _____ City/State/Zip _____

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: _____ Hispanic or Latino _____ Not Hispanic or Latino
Mark one or more racial identities: _____ Asian _____ White _____ Black or African American _____ American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander

*7 CFR 226.2

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

☐ SNAP/K-TAP Household

☐ Tier I

☐ Foster/Kinship Care

☐ Tier II

☐ Income Household:

Total Household Monthly Income: _____

Household Size: _____

Signature of Determining Official
*7 CFR 226.23(e)(4)

Date

W/D Date

Re-enter Date

Sign in/out sheets

All providers are required to maintain daily sign in/out sheet in order to document an enrolled participant's attendance in the center.

Both the participant's first and last name must be included on the sign in/out sheets. **The name must be the same name that appears on the CACFP enrollment form.** Please be aware that **sign-in sheets are a licensing requirement.** Participants who attend the day care home for any part of the day is considered present that day. For sponsoring organizations, participants who attend more than one center on the same day can be counted only once in attendance.

Failure to maintain sign in/out sheets or maintenance of inadequate sign in/out sheets will result in the recovery of CACFP reimbursement. Sign in/out sheets must be maintained on file for three years plus the current fiscal year.

PROGRAM COSTS DOCUMENTATION

Every sponsor that participates in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program Food and Nutrition Service (FNS) Instruction 796-2, Revision 4, all sponsors must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money you receive in CACFP reimbursement MUST be used ONLY in the food service operation. All CACFP records must be maintained on file for three years plus the current year. Sponsoring organizations must establish an administrative budget for each federal fiscal year. SCN determines the limits of a reasonable administrative budget, based on the number of homes sponsored by the organization, the duties of personnel, and the economic conditions in the community.**

Sponsor Reimbursement

Sponsors receive two types of reimbursement; reimbursement for administrative costs and reimbursement for creditable meals served by family day care home providers, existing Sponsors that demonstrate a need for expansion to un-served or underserved areas of the population may be eligible for expansion funds. Information for expansion funds are available upon request from the SCN.

Submitting a Claim for Reimbursement

Claims for both administrative costs and creditable meals are submitted electronically through the CNIPS web-based system. CNIPS processes claims once a month. Claims are due by the 15th of the month for the previous month.

Claim errors identified by the system will displayed on the claim form and must be corrected before the claim can be processed. Accuracy in completion of the claim is vital for timely payments.

Late claims

A sponsor can have one late claim every three years.

Method of Payment

Sponsors will receive reimbursement through electronic funds transfer (EFT). The EFT method automatically deposits the funds in the Sponsor's bank account.

Reimbursement Rates

The reimbursement rates for administrative costs and creditable meals are adjusted annually, on July 1, to reflect changed in the Consumer Price Index.

Administrative Costs

Administrative reimbursement are determined by multiplying the number of family day care homes submitting a claim for reimbursement during the month by the appropriate annually adjusted administrative reimbursement rate.

Reimbursement of Creditable Meals

Sponsors receive reimbursement for creditable meals served in the Sponsor's FDCHs. Reimbursement for these costs are calculated based on the meals served and the Tier status of the FDCH. The record of meals served by FDCH providers is received by the Sponsoring organization. The Sponsoring organization must then compile all of the claims received from their homes when submitting an original claim for reimbursement to CNIPS.

Prior to submitting a claim for reimbursement to CNIPS, the Sponsor must ensure that all claims are based on the actual number of meals served in the FDCH and that all supporting documentation has been received for each provider claim.

Payment to Providers

Sponsor must disburse all FDCH reimbursement payment within five (5) working days of receipt of payment from CNIPS. The full amount of meal reimbursement shall be disbursed to each FDCH on the basis of the number of reimbursable meals and snacks served to enrolled and participating children. Exceptions to this occur when a disallowance is made as part of the Sponsor's monthly claim review, monitoring review or audit by the Sponsor or SCN.

Provider Reimbursement

The Sponsor is responsible for ensuring that the claim for reimbursement is accurate and that adequate documentation to support the claim is available and maintained on file. Sponsors must review all providers' claims that are received prior to submitting the claim for reimbursement to CNIPS. Any claims received that are not fully documented must be disallowed or the portion not supported disallowed.

Provider Payments

Providers must be reimbursed for all allowable meals served in the FDCH. Sponsors must remit payment to the providers within five (5) working days of receipt of payment from the SCN. Sponsors may remit payment via electronic funds transfer to the provider.

Sponsors may not reduce or withhold any reimbursement to the provider except for the reasons described on the following pages.

Monthly Edit Checks

Monthly edit checks are Review Procedures that must be applied to a day care home provider's claim each month in order to help determine the claim's validity. The monthly edit checks must ensure that:

- The day care home has been approved to serve the meal types being claimed.
- The number of meals claimed does not exceed the number derived by multiplying approved meal types by the days of operation by enrollment.

Withholding or Reducing Provider's Reimbursement

Sponsors may withhold or reduce a provider's reimbursement when a disallowance is made as part of a monthly claim review, monitor review, or audit conducted by the Sponsor or SCN. Withholding or reducing of any providers' reimbursement must be made when there is evidence of noncompliance with CACFP regulations. Sponsors must inform the FDCH provider in writing of the reason for the disallowance. Those reasons must be fully documented on the provider's claim and retained in the Sponsor's file.

Late Provider Claims

Sponsor may establish time frames in which FDCHs are required to submit their meal claims.

Reconciling Provider Reimbursements

Sponsors must prepare monthly provider reimbursement reconciliation reports. Regulations require Sponsors to provide assurance that FDCH providers received the correct payments and that SCN ensures that the Sponsor is properly disbursing the funds it receives.

Reconciliation records provide, in a single location, all of the claiming and payment information about a specific FDCH provider. Sponsor must maintain record of all transactions documenting payment to a FDCH provider. These records must document by date the amount of every payment requested by and paid to each FDCH. As well as the amount requested from and paid by SCN. At a minimum, these reconciliation records must contain:

- Name of FDCH provider
- Meal Counts
- Claim month
- Amount paid to the provider
- Check number or EFT transaction
- Check date or EFT transaction date
- Amount claimed to SCN
- Date claimed to SCN
- Date provider check or EFT was paid by the bank

Outstanding Provider Payments

Sponsor must track all outstanding provider payments that have not been cashed. The Sponsor must make a good faith effort to determine why the check remains un-cashed. This may include telephone calls, on-site visits, or written inquiries to the provider.

CACFP Instructions for Completing the Personnel Activity Report (PAR)

Employee Section: (To be completed daily by the employee)

1. Print Name and the Month/Year of PAR on designated lines.
2. Place number of hours worked beside the appropriate date. Designate hours worked for Administrative and Program Labor by writing the number of hours under the appropriate column.
3. List any non CACFP hours worked under the, “Non CACFP Hours Worked” column.
4. Total the columns for each row and place the total under the, “Total Hours Worked” for each day claimed.
5. At the end of the month, sign and date the form, verifying the information provided is correct.

Sponsor Section: (To be completed by Director/Authorized Representative at the end of the month)

A. Hourly Paid Staff

1. Using the total for administrative hours from the table; insert the administrative hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total administrative CACFP Salary).

Administrative hours should only be used if sponsor is approved in the CNIPS budget

2. Using the total for program labor hours from the table; insert the program labor hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total program labor CACFP salary).

B. Salaried Staff

1. Using the total for administrative hours worked on CACFP from the table; insert the administrative hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total admin. CACFP salary).

*Administrative hours should only be used if sponsor is approved in the CNIPS budget**

2. Using the total for program labor hours worked on CACFP from the table; insert the program labor hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total program labor CACFP salary).
3. Once totals have been verified, sign and date form.

PERSONNEL ACTIVITY REPORT

Employee Name: _____

Month/Year: _____

TO BE COMPLETED BY EMPLOYEE:

INSTRUCTIONS: This form is for employees who spend part of their day working on the Child and Adult Care Food Program (CACFP). Each month, indicate the number of hours per day spent on administrative and program labor activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the Claim for Reimbursement. Examples of CACFP program labor activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non CACFP Hours Worked	Total Hours Worked	Date	Hours Worked On CACFP		Non CACFP Hours Worked	Total Hours Worked
	Admin	Program Labor				Admin	Program Labor		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					TOTAL				

I certify that this is an accurate record of the number of hours worked on the CACFP.

Employee Signature

Date

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

1. Total administrative hours worked on CACFP _____ x _____ (hourly wage) = \$_____ (Total administrative CACFP salary)

2. Total program labor hours worked on CACFP _____ x _____ (hourly wage) = \$_____ (Total program labor CACFP salary)

B. (SALARIED STAFF)

3. Total administrative hours worked on CACFP _____ ÷ Total hours worked _____ = _____ %
 Total Salary for month \$_____ x _____ % = \$_____ (Total admin. CACFP salary)

4. Total program labor hours worked on CACFP _____ ÷ Total hours worked _____ = _____ %
 Total Salary for month \$_____ x _____ % = \$_____ (Total program labor CACFP salary)

I certify that payroll records are on file that verifies the total wages as listed above.

5. **Signature of Center Director/Authorized Representative** _____ **Date** _____

**7 CFR 226.15(e)*

ACQR (Actual Costs Quarterly Reporting)

CACFP regulation 796-2 Revision 3 requires that all institutions show fiscal integrity and accountability for all funds received from the Child and Adult Care Food Program. All expenses incurred as program expenses must be approved and funds must be used for authorized program expenses only.

To meet this regulation, the State Agency requires that all institutions report their actual costs on a quarterly basis. Found in CNIPS at <https://cnips.education.ky.gov/cnips/> the quarterly report or ACQR is to be completed by January 31st for the first quarter, April 30th for the second quarter, July 31st for the third quarter, and October 31st for fourth quarter. The State Agency will review the costs each quarter to ensure that institutions are being fiscally responsible with CACFP funds. If during a review of the quarterly costs, it is determined that the institution is not using all of the funds received as is required by regulation, a plan of correction will need to be submitted.

****Training Presentations are available on the CACFP KY Website****

Pre-Approval Site Request Sheet

Sponsoring Organizations wanting to set up additional sites are required to fill out a Pre-Approval Site Request and submit it to the State agency along with the Pre-Approval Visit Form on or before the 25th of the previous month requesting to claim. Any Site Requests submitted after the 25th will be presented to the Application Review Team (ART) for review at the next month's meeting.

All submitted Site Requests will be reviewed by the Application Review Team (ART) and institutions will be informed of the acceptance.

Once the Site Request has been accepted, the State agency will establish a Site Application on CNIPS for the institution to complete.

Institutions must then complete the Site Request and Submit for Approval.

If acceptable, the State Agency will approve the Site Application and the Site may then begin to claim the approved meals.

**PRE-OPERATION VISIT
FOR
FAMILY DAY CARE HOMES**

1. Provider Name _____
Address _____
County _____ Phone _____

2. Provider's own children:

Full Name	Age
_____	_____
_____	_____
_____	_____

3. Is the provider claiming his/her own children? ☐ Yes ☐ No

4. Is the provider claiming related children over capacity? ☐ Yes ☐ No

If Yes, list children's names and relationship to the provider

Child's Name	Relationship to the Provider

5. Type of provider: ☐ Registered ☐ Certified ☐ Licensed

6. License capacity: _____ Expiration Date ____/____/____

7. Have record keeping requirements been explained to and discussed with the provider?
☐ Yes ☐ No

8. Is the provider willing to and capable of maintaining the required daily CACFP records?
☐ Yes ☐ No

9. Is kitchen equipment suitable for food service?
☐ Yes ☐ No

10. Is kitchen clean and well organized?
☐ Yes ☐ No

11. Is dining area suitable for children?
☐ Yes ☐ No

12. Are thermometers available for both refrigerator and freezer?
☐ Yes ☐ No

13. Does the provider wish to participate in the Child Care Food Program?
☐ Yes ☐ No

15. Describe plan for correcting deficiencies identified in this visit:

16. Has the provider ever been terminated or determined "seriously deficient" by another sponsoring organization?
☐ Yes ☐ No

Signature of Sponsor Representative

Date

Signature of Provider

Date

Adding New FDCH Providers

In order to add a new provider, please describe below which unmet needs can be addressed by your proposed sponsorship.

Provider Name: _____

Provider Street Address _____

Provider Mailing Address _____

Provider City _____ State _____ Zip _____

Provider County _____

A. Type of home: ☐ Registered ☐ Certified ☐ Licensed

B. Type of shifts: ☐ 1st ☐ 2nd ☐ 3rd ☐ Rotating

C. Meals to be claimed for reimbursement by this provider:
☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ LN Snack

D. Has a pre-operational visit been conducted for this provider?
☐ Yes ☐ No If "Yes" provide the date _____

E. Is the area currently served by another Sponsoring Organization?
☐ Yes ☐ No If "Yes", name the sponsor.

F. Has the provider been contacted by another Sponsoring Organization?
☐ Yes ☐ No If "Yes" name the sponsor

G. Has the provider ever participated under another Sponsoring Organization?
☐ Yes ☐ No If "Yes" name the sponsor.

H. Does the provider currently or have they ever operated a Type I day care center with the State Agency?
☐ Yes ☐ No If "Yes", list the name of the day care center along with dates of operation, and any other extenuating circumstances.

Sponsor _____
Agreement Number _____

I. Does the sponsor currently have any homes located within this county?

_____ Yes _____ No If "Yes", how many homes? _____

J. Is the sponsor's office located within 100 miles of this provider?

_____ Yes _____ No

List the number of miles from the Sponsoring Organization's office. _____

K. Address and Phone of the closest Sponsoring Organization's office:

Address: _____

City _____ State _____ Zip _____

Phone _____

L. Monitor assigned to this home: _____

Date this form completed: _____

Sponsor Representative Signature: _____

Monitor Reviews

Monitoring sponsored homes for compliance with CACFP regulations is an important responsibility of Sponsoring Organizations. Sponsoring Organizations can also use monitor reviews to provide technical assistance when needed. Sponsoring Organizations of Family Day Care Homes must conduct **at least three monitor reviews on each site each year. Two of the three monitor reviews per site must be unannounced and there can be no more than six months between any two monitor reviews.**

A meal service must be observed during at least one of the monitor reviews conducted during the year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.

In February 2012, the Food and Nutrition Services Department of the USDA released a Family Day Care Homes Monitor Handbook. Refer to this handbook for more detailed instructions on Monitor Reviews. This is available at the CACFP website.

Kentucky Department of Education
Child and Adult Care Food Program

FAMILY DAY CARE HOME MONITOR REVIEW FORM
Sponsoring Organizations of Affiliated and Unaffiliated Centers

INSTRUCTIONS FOR COMPLETING MONITOR REVIEW FORM									
For all sponsoring organizations, at least two of the three monitor reviews per site must be unannounced. A meal service must be observed during at least one of the monitor reviews conducted in the past year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.									
Section 1. General Information									
Date of Review:		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 30 Day				
Name of Reviewer:									
Arrival Time:		Departure Time:							
Follow-up:	<input type="checkbox"/>	Announced:		<input type="checkbox"/>	Unannounced:		<input type="checkbox"/>		
1.	Provider's Name:								
	Address:								
	Phone:								
	Type Home:	<input type="checkbox"/>	Registered	<input type="checkbox"/>	Certified	<input type="checkbox"/>	Licensed		
2.	A. Date of Last Review:								
	If applicable, list any problem areas noted during last review.								
	B. Have these problems been corrected as of today's visit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A				
	If NO, indicate what follow-up action is necessary and the time frame required for correction.								
3.	Is there a copy of the agreement between the Sponsoring Organization and the provider on file in the provider's home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
4.	Total number of children currently enrolled:								
5.	Are provider's own children claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A				
6.	Type of Home:	<input type="checkbox"/>	Tier I	<input type="checkbox"/>	Tier II	<input type="checkbox"/>	Mixed Tier		

7.	Eligibility was determined by:								
	<input type="checkbox"/>	School District	<input type="checkbox"/>	Census Data	<input type="checkbox"/>	Income Application			
8.	Days of Operation:		<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	a. Hours of Operation				a.m. to				p.m.
	b. Holidays care is provided:								
9.	Is care provided in shifts?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Hours in shifts			to					
				to					
				to					
10.	Average number of children served at each meal and scheduled time of service:								
		Number of Meals			Times of Meal Service				
	Breakfast								
	AM Snack								
	Lunch								
	PM Snack								
	Supper								
	LN Snack								
11.	If the home is licensed, is the time between meal servings at least 2 hours and no more than 3 hours from meal start time to meal start time?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
12.	Has the provider attended the Sponsoring Organization's CACFP annual training?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
13.	Section 2. Food Service								
	A. How far in advance are menus planned?								
	B. What food service guidance materials are available at the home?								
	(i.e. Guide to Crediting Foods, Food Buying Guide, etc.)								
	C. Current Month Menus								
	(1) Are menus retained on file in the provider's home?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	(2) Are all of the required components served for each meal? (If NO, complete the following chart)				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	Date	Meal Service	Reason for disallowance		Number Disallowed				

	(3) Does the provider demonstrate familiarity with the types and quantities of food required for each type of meal service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14.	Section 3. Sanitation				
	A. Are sanitary procedures followed in all aspects of food service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	B. Is the kitchen area kept clean at all times?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	C. Method of Sanitizing dishes:	<input type="checkbox"/>	bleaching method	<input type="checkbox"/>	dishwasher
	D. Are refrigeration facilities adequate for cold and frozen foods?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	E. Is a thermometer available in the refrigerator?	Temp.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<i>(Refrigerator temps should be between 33-42 degrees)</i>				
	F. Is a thermometer available in the freezer?	Temp.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<i>(Freezer temps should be below 0 degrees)</i>				
	G. Are frozen perishable foods thawed under refrigeration?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	H. Are all insecticides, polishes and cleaning compounds stored in an area separate from food and in an area that is not accessible to children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15.	Section 4. Space, Facilities and Equipment				
	A. Is there adequate dry storage for food items?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	B. Is dining space adequate for the number of children enrolled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	C. Is there working equipment for heating food?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	D. Is a sink with running hot and cold water available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

16.	Section 5. Handwashing				
	A. Do meal preparers practice proper handwashing techniques?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	B. Do children practice proper handwashing techniques?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17.	Section 6. Meal Service				
	A. For the meal service observed, record the types and quantity of food prepared.				
	Meals	Requirements for Meals	Food Used		
	Breakfast	Milk			
		Fruit/Vegetable, Juice			
		Bread			
	Lunch or Supper	Milk			
		Meat/Meat Alternate			
		Fruit/Vegetable			
		Fruit/Vegetable			
		Bread			
	Snack (Select two of the four Components)	Milk			
		Meat/Meat Alternate			
		Fruit/Vegetable			
		Bread			
	Note: If infant participates in meal served from the kitchen (table food), please list foods served.				
	B. Record the food items served for infant meals:				
	Infants-Food Items Served				
	Meal Component	Birth - 3 Months	4 - 7 Months	8 - 11 Months	
	Iron-Fortified Formula/Breast Milk/Whole Milk				
	Infant Cereal/Bread				
Fruit/Vegetable					
Fruit/Vegetable					
Meat/Meat Alternate					

	C. Is at least one required component of the infant meal pattern supplied by the family day care home (or the mother if breast-feeding) for claimed infant meals?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	List meals deducted during this monitoring visit:						
		Breakfast		AM Snack		Lunch	
		PM Snack		Supper		LN Snack	
	E. Note if any missing components or insufficient quantities of food are observed in today's meal service.						
	F. Number of infants served:						
	Number of regular participants Served:						
18.	Section 7. Recordkeeping						
	A. Are daily meal count records kept for the number of meals served to children?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	B. Are accurate attendance records maintained on enrolled children?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	C. Are current CACFP enrollment forms on file for all children?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	D. Are these records given to the Sponsoring Organization on a regular basis as provided for in the Agreement between the Sponsoring Organization and the day care home?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	E. Does the Sponsor keep copies of all records from the past twelve months and copies of all current enrollment forms at the provider home?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

F. Please complete chart below by reviewing the sign in and out sheets from the last five days and comparing with enrollment forms located at the provider home.

License Capacity:

Enrollment Information from Participant Enrollment Form	Attendance (Mark for each day the child attended) for last five days of provider operation.
---	---

Child Name:

Days the Participant Typically Attends Per EF	Days the Participant Typically Attends Per EF
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
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90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Participant	Times the Participant Typically Attends per EF
Participant 1	1
Participant 2	1
Participant 3	1
Participant 4	1
Participant 5	1
Participant 6	1
Participant 7	1
Participant 8	1
Participant 9	1
Participant 10	1
Participant 11	1
Participant 12	1
Participant 13	1
Participant 14	1
Participant 15	1
Participant 16	1
Participant 17	1
Participant 18	1
Participant 19	1
Participant 20	1
Participant 21	1
Participant 22	1
Participant 23	1
Participant 24	1
Participant 25	1
Participant 26	1
Participant 27	1
Participant 28	1
Participant 29	1
Participant 30	1
Participant 31	1
Participant 32	1
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Participant 35	1
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Participant 87	1
Participant 88	1
Participant 89	1
Participant 90	1
Participant 91	1
Participant 92	1
Participant 93	1
Participant 94	1
Participant 95	1
Participant 96	1
Participant 97	1
Participant 98	1
Participant 99	1
Participant 100	1

Date

Date

Date

Date

Date

Inconsistencies were noted between days and times listed on enrollment form and the days and times the child attended?

☐ Yes☐ No

**If yes, note this on section "D" of household contacts, and document steps taken to determine reasons for discrepancy and necessary corrective action.*

19.	Section 8. Meal Counts						
	List the meal counts for each of the preceding five serving days for the meal types for which the provider is approved:						
	License Capacity:		Enrollment:				
		Breakfast	AM Snack	Lunch	PM Snack	Supper	LN Snack
	Day 1						
	Day 2						
	Day 3						
	Day 4						
	Day 5						
	Total						
	Average						
	A. What was the meal count for the meal you observed on the day of the monitor review?						
	B. Do the meal counts for the prior five days appear reasonable when compared to today's meal count?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If NO, obtain and record provider's explanation and describe corrective action						
C. Are the children listed on the sign in/out sheet the same as the children claimed on the Menu for the five (5) previous days?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If NO, explain:							
D. Per the five day meal reconciliation, is the provider within license capacity at all times?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If NO, explain:							
20.	Section 9. Civil Rights						
	A. Are admission and placement criteria and procedures nondiscriminatory?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	B. The "Building for the future" poster is on display?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	C. A separation does not exist by race, color, national origin, sex, age or disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	Does the facility allow equal access to services and facilities and serve meals to all attending participants equally, regardless of race, color, sex, age, disability & national origin?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	If NO, explain:						

	E.(1) Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest your home. The link to the racial/ethnicity report for KDE schools is on SCN's website at: http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf					
	E.(2) The number of participants enrolled in the CACFP program at your home. (This is to only be done on the first monitor review of the year.)					
	Ethnicity		Race			
	Hispanic	Not Hispanic	Black or African American	White	American Indian or Alaskan Native	Asian or Pacific Islander
	1					
2						
21.	Section 10. Household Contacts					
In the review of documentation and/or this visit, have any of the following occurred?						
A. There are no inconsistencies between sign in sheets and meal count records for which there is not reasonable explanation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Recent monitor review's for this provider have been successful?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C. Income Applications (if applicable) and enrollment forms for children in the provider's care are not altered in writing, with white out, or with correction tape?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
D. There are no inconsistencies noted between days and times noted on enrollment form and the days and times the child attended?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, document in the Summary of Findings the steps taken to determine reason for discrepancy and corrective action needed.						

22.	Provide a summary of monitor review findings. A section has also been provided for you to list the center's strengths that you observed. If a follow-up review is necessary, it must be documented on a separate monitor review form and conducted within 30 days.			
	Serious problems indicating imminent health and safety issues must have a follow-up immediately within 24 hours. Items that trigger a household contact must have a follow-up review within 60 days. All other problems identified should have a follow-up review within 30 days.			
	Strengths:			
	Section 11. SUMMARY OF FINDINGS			
	Review Item #	Corrective Action (CA) Needed	CA Due Date	Follow-up Visit Due Date
	Provider Signature		Date	
Sponsoring Organization Representative Signature		Date		

CACFP Program Integrity

Sponsors must identify, follow-up, and correct non-compliance issues to bring providers into compliance. If a Sponsor doesn't perform their function of monitoring non-compliance and bringing providers into compliance or terminating providers, and a significant number of non-compliance providers are seen, the Sponsor would be out of compliance with their Program Agreement with the Department of Education as well as the Division of School and Community Nutrition.

Identification of Providers at High Risk of Program Non-compliance

To assure program integrity, Sponsors should use indicators of provider non-compliance, such as the following, to identify providers at highest risk of inappropriate claiming. Verification methods should then be used to validate claims and assure compliance.

- **Providers who submit block claims.**
- **Providers whose claiming pattern is broken only by an announced or unannounced monitoring visit.**
- **Providers who regularly claim children on holidays.**
- **Providers whose completed claim is received prior to the last day of the month but completed through the last day of the month. (Sponsor will need to follow-up, as a provider cannot claim for a meal prior to serving it)**
- **Providers who conduct extensive shift care.**
- **Providers who regularly receive greater than \$800 per month in reimbursement.**
- **Providers who have complaints or concerns expressed against them. Sponsors may use their own discretion to decide if secondhand information is reliable and warrants investigation. Sponsors should follow-up on complaints.**
- **Providers whose home visit information for meals claimed, menus, and children in attendance differs from the information submitted on the claim for reimbursement.**
- **Providers who are difficult to schedule or frequently unavailable to visit because they fail to provide advanced notice that they will be away from their home.**
- **Providers who deny consultants access to their home while children are in care or deny access to program records.**
- **Providers who continue to exceed license capacity requirements after reports of over license capacity have been made to licensing.**

Verification Methods to Validate Claims

There are several methods that can be used to investigate providers who are suspected of submitting invalid claims. Some of the possible methods include:

- Comparing a submitted claim to the information observed on a home visit.
- The five-day record reconciliation of meal counts with enrollment and attendance records conducted during home visits.
- Unannounced visits.
- Sign in/sign out sheets.
- Household contacts.

Comparing the submitted claims to home visit information and the five-day reconciliation are often the Sponsor's first methods to verify claims. If discrepancies are seen, Sponsors can use unannounced visits and sign in/out records to determine if the provider is submitting invalid claims. If either the unannounced visit or the sign in/sign out sheets indicate an invalid claim or if the information obtained from the unannounced visit

or the sign in/out sheets needs further explanation, parent verification or household contacts must be used. In some instances, it may be most appropriate to verify claims by conducting household contacts immediately after detecting discrepancies during home visits or on claims.

Follow-up and Documentation on Findings of Non-compliance

Once an investigation reveals that a provider is not in compliance with Program rules and/or has submitted an invalid claim, the Sponsor must determine if the deficiency/error is serious or less than serious. In order to determine this, the Sponsor should consider frequency and severity of the deficiency/error.

Frequency should be determined by reviewing the provider's historical record to see if the same or similar problem had been noted in the past and if so, how often. Severity should be determined by considering the error in relation to its consequences to Program Integrity. For example, some deficiencies are so severe that even one occurrence could be considered serious; such as claiming multiple meals served to several children whose parents verified they were not in care. Some deficiencies or errors may not be considered severe, such as serving a non-creditable meal, but may be considered serious if found to occur frequently. In determining whether a deficiency is serious or less than serious, the Sponsor may want to additionally consider other factors, such as the provider's length of program experience and literacy level or English proficiency.

Sponsors must ensure that providers take corrective action to come into compliance with Program rules once deficiency/error is detected, whether considered serious or less than serious. A provider who fails to correct serious deficiencies within the allotted time for correction may then be considered seriously deficient in their operation of the CACFP.

Documentation must be maintained on the detection and resolution of all deficiencies/errors found, including the process and results of any related investigation or verification work conducted. In the case of serious deficiencies, documentation must include the information specified in the following procedures.

Serious Deficiency Process

The serious deficiencies may include, but are not limited to the following:

- Submission of false information on the application.
- Submission of false claims for reimbursement.
- Simultaneous participation under more than one Sponsor.
- Non-compliance with the Program Meal Pattern
- Failure to keep required records.
- Conduct or conditions that threaten the health or safety of a child (ren), or the public health or safety.
- A determination that the family day care home has been convicted of any activity that occurred in the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violation, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or the concealment of such a conviction.
- Failure to participate in training.
- Any other circumstances related to non-performance under the Provider Agreement, as specified by the Sponsor or the State Agency.

If the Sponsor determines that a family day care home has committed one or more of the serious deficiencies listed above, the Sponsor must use the following procedures to provide the family day care home notice of the serious deficiency and offer the home an opportunity to take corrective action. However, if the serious deficiency(ies) constitutes an imminent threat to the health or safety of the participants, or the family day care

home has engaged in activities that threaten the public health or safety, the Sponsor must immediately suspend the family day care home's CACFP participation prior to any formal action to revoke the home's licensure or approval.

Serious Deficiency Notice

The Sponsor must notify the family day care home that it has been found to be seriously deficient by use of the Prototype Letter for Serious Deficiency Process contained in the Sponsor's Serious Deficiency Policy. The State Agency must also be notified. The notice must specify:

- Provider's name, address, and license number.
- The serious deficiency(ies) (listing the serious deficiency that applies).
- The corrective action to be taken by the family day care home to correct the serious deficiency(ies). The serious deficiency notices must provide detailed information on the Sponsor's required corrective action plan for the identified serious deficiency(ies), which are specific to the deficiency(is) needing correction and which addresses the root causes of the problems discovered.
- The time allotted to correct the serious deficiency or deficiencies (as soon as possible, but not to exceed 30 days).
- That the serious deficiency determination is not subject to administrative review (appeal).
- That failure to fully and permanently correct the serious deficiency(ies) within the allotted time will result in the proposed termination of the family day care home's agreement and the proposed disqualification of the family day care home and its principles.
- If the family day care home provider is eligible to receive Program payment during the period of corrective action. Usually the provider will receive payment for valid claims unless the home has been suspended for health and safety reasons.
- That the family day care homes' voluntary termination of its agreement with the institution after having been notified that it is seriously deficient will still result in the family day care homes' formal termination and placement of the family day care home and its principles on the National Disqualified List.

Sponsors must send the State Agency a copy of the Sponsor's serious deficiency correspondence with the FDCH provider. If the family day care home corrects the serious deficiency(ies), the Sponsor must notify the home it is no longer seriously deficient and send a serious deficiency deferral letter. The Sponsor must also provide a copy of this notice to the State Agency.

Termination (Dropped for Cause) and Disqualification Process

Termination for cause is defined as the termination of a family day care home's Provider Agreement by the Sponsor due to the home's violation of the agreement. FDCH Sponsors must initiate action to terminate the agreement of the FDCH for cause if the Sponsor determines the home has committed one or more serious deficiency(ies) listed above and the home has not corrected the serious deficiency within the allotted time for correction.

Proposed Termination Notice

If timely corrective action is not taken to fully and permanently correct the serious deficiency cited, the Sponsor must issue a notice proposing to terminate the FDCH's agreement for cause. The Sponsor must provide a copy of the notice to the State Agency. The notice must:

- Contain the provider's name, address, license number and date of birth.
- Explain the family day care home's opportunity for an administrative review (appeal) of the proposed termination.

- Explain that the reason for the proposed termination is because the FDCH did not correct the serious deficiency(ies).
- Inform the FDCH that it may continue to participate and receive Program reimbursement for eligible meals served until its administrative review (appeal) is concluded.
- Inform the FDCH that termination of the home's agreement will result in the home's termination for cause and disqualification.
- State that if the FDCH seeks to voluntarily terminate its agreement after receiving the notice of intent to terminate, the home will still be placed on the National Disqualified List.

Sponsors must continue to pay any valid claims for reimbursement for eligible meals served until the serious deficiency is corrected or the FDCH is terminated, including the period of any administrative review (appeal).

Termination Notice

The Sponsor must immediately terminate the FDCH's agreement and disqualify the home when the administrative review (appeal) official upholds the Sponsor's proposed termination and proposed disqualification, or when the home's opportunity to request an administrative review (appeal) expires. The termination notice must contain the following information:

- Name, address, and license number of the provider.
- Provider's date of birth
- Termination date.
- If the provider failed to repay any debts, indicate yes or no.
- Amount of debt, if applicable
- Name and address of the sponsoring organization
- Reason for disqualification.

Suspension Process

If State or local health or licensing officials have cited a FDCH for serious health or safety violations, the Sponsor must immediately suspend the home's participation prior to any formal action to revoke the home's licensure or approval. If the Sponsor determines that there is an imminent threat to the health or safety of participants at the FDCH, or that the home has engaged in activities that threaten the public health or safety, the Sponsor must immediately notify the appropriate State or local licensing authorities. If the licensing agency cannot make an immediate on-site visit, the Sponsor must take action that is consistent with the recommendations and requirement of these authorities. An imminent threat to the health and safety of participants and engaging in activities that threaten the public health and safety constitute serious deficiencies; however the Sponsor must use the procedures listed below to provide the FDCH notice of suspension of participation, serious deficiency, and proposed termination of the home's agreement.

Suspension Notice

The Sponsor must notify the FDCH that its participation has been suspended, that the home has been determined to be seriously deficient, and that the Sponsor proposes to terminate the home's agreement for cause, and must provide a copy of this notice to the State Agency. The notice must:

- Include the provider's name, address, date of birth, and license number.
- Specify the serious deficiency(ies) found and the FDCH's opportunity for an administrative review(appeal) of the proposed termination
- State that participation (including all Program payments) will remain suspended until the administrative review (appeal) is concluded.

- Inform the FDCH that if the administrative review official overturns the suspension, the home may claim for reimbursement for eligible meals served during the suspension.
- Inform the FDCH that termination of the home's agreement will result in the placement of the home on the National Disqualified List.
- State that if the FDCH seeks to voluntarily terminate its agreement after receiving the notice of proposed termination, the home will still be terminated for cause and disqualified.

A Sponsor is prohibited from making any Program payments to a family day care home that has been suspended until any administrative review (appeal) of the proposed termination is completed. If the suspended FDCH prevails in the administrative review (appeal) of the proposed termination, the Sponsor must reimburse the home for eligible meals served during the suspension period.

The Sponsor must immediately terminate the FDCH's agreement and disqualify the home when the administrative review (appeal) official upholds the Sponsor's proposed termination, or when the home's opportunity to request an administrative review (appeal) expires and issue the Termination Notice.

CACFP APPEALS PROCEDURE

Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k) .

- (1) An institution including an independent center or sponsoring organization on behalf of a facility under its jurisdiction, and responsible principals and responsible individuals, may appeal the following adverse actions pursuant to 7 CFR § 226.6(k)(2):
 - (a) Denial of a new or renewing institution's application for participation;
 - (b) Denial of an application submitted by a sponsoring organization on behalf of a facility;
 - (c) Notice of proposed termination of an institution;
 - (d) Suspension of an institution's participation;
 - (e) Denial of an institution's application for start-up payments or expansion payments;
 - (f) Denial of an advance payment;
 - (g) Denial of all or part of a claim for reimbursement;
 - (h) Notice of proposed disqualification of a responsible principal or a responsible individual;
 - (i) Recovery of all or part of an advance in excess of the claim for the applicable period;
 - (j) Decision by the Kentucky Department of Education, Division of School and Community Nutrition (division) not to forward to Food and Nutrition Service (FNS) an exception request by an institution for payment of a late claim, or a request for an upward adjustment to a claim;
 - (k) Demand for the remittance of an overpayment; or
 - (l) Any other action of the division affecting the participation of an institution in the program or the institution's claim for reimbursement.
- (2) Adverse actions not subject to appeal include the following adverse actions pursuant to 7 CFR § 226.6(k) (3):
 - (a) FNS decisions on claim deadline exceptions and requests for upward adjustments to a claim;
 - (b) Determination of serious deficiency;
 - (c) Division's determination that corrective action is inadequate;
 - (d) Disqualification and placement on the division's list and National disqualified list;
 - (e) Termination;
 - (f) Decision regarding removal from National disqualified list by the division or FNS;
 - (g) Division's refusal to consider an application submitted by an institution or facility on the National disqualified list.

Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))

- (1) The division must provide written Notice of Action to an institution's executive director and chairman of the board of directors, and the responsible principals and responsible individuals.
- (2) The Notice of Action shall give notice of the adverse action being taken or proposed, the basis for the action, and the procedures under which the institution and the responsible parties or responsible individuals may request an administrative review of the action.
- (3) The Notice of Action may be sent by certified mail, return receipt requested, e-mail or by facsimile.
- (4) The Notice of Action shall state that the appeal shall be made within the timeframe set forth in Section 4 of this policy and the appeal shall meet the requirements set forth in Section 3 of this policy.

Section 3. Filing An Appeal.

- (1) A program sponsor, responsible principal, or responsible individual aggrieved by an adverse action of the division may appeal the adverse action by filing a timely request for an appeal. The request shall be filed with the Office of Guiding Support Services, Department of Education, 500 Mero Street, Capital Tower Plaza, First Floor, Frankfort, Kentucky 40601.
- (2) If the institution or responsible principals and responsible individuals want a hearing the institution of responsible principals and/or individuals must specifically request it in the written request for appeal otherwise the administrative review official will consider the appeal based on written information only.

Section 4. Appeal Timelines.

- (1) The request for appeal shall be written and shall be postmarked or received no later than 15 days after the date the notice of adverse action is received.
- (2) The division shall acknowledge receipt of the request for an appeal within ten (10) days of its receipt of the request.
- (3) Any information on which the division's action was based shall be available for inspection by the institution and the responsible principal and responsible individual from the date of receipt of the request for an appeal.

Section 5. Appeal Procedures.

- (1) The division shall forward any request for appeal to the Director of Administrative Hearings Branch, Office of the Attorney General for the Commonwealth of Kentucky to designate an administrative review official. The request for appeal shall be accompanied by a copy of the notice of adverse action sent by the division.
- (2) The administrative review official must be independent and impartial. This means that he/she must not have been involved in the action that is the subject of the administrative review, or have a direct personal or financial interest in the outcome of the administrative review.
- (3) During the appeal process, the institution, responsible principal, or responsible individual shall:
 - (a) Self-represent;
 - (b) Be represented by legal counsel; or
 - (c) Be represented by another person.
- (4) The division's action shall remain in effect during the appeal process. However, participating sponsors and sites may continue to operate the Program during an appeal, and if the appeal results in overturning the division's decision, reimbursement shall be paid for eligible meals served during the appeal process. However, such continued operation shall not be allowed during the pendency of the appeal if the division's action is based on imminent danger to the health or safety of children.
- (5) The institution and the responsible principals and responsible individuals may refute the findings contained in the Notice of Action in person or by submitting written documentation to the

administrative review official. In order to be considered, written documentation must be submitted to the administrative review official not later than 30 days after receipt of the Notice of Action.

- (6) If a hearing is requested:
 - (a) Except as provided in subsection (8) of this section, the institution, the responsible principal and responsible individual, and the division shall be provided with at least ten (10) days advance notice of the time and place of the hearing;
 - (b) If the institution's representative or the responsible principal and responsible individual or their representative fail to appear at the scheduled hearing, the right to a personal appearance before the designated hearing officer shall be waived unless the designated hearing officer agrees to reschedule the hearing; and
 - (c) A representative of the state agency shall be allowed to attend the hearing to respond to the testimony of the institution and the responsible principal and responsible individual and to answer questions posed by the designated hearing officer.
- (7) The designated administrative review official shall make a determination based solely on the information provided by the state agency, the institution, and the responsible principal and responsible individual and based on federal and state laws, administrative regulations, and policies and procedures governing the program.
- (8) Within sixty (60) days of the division's receipt of the request for an appeal, or ten (10) days if the matter under appeal is a suspension of participation based on false or fraudulent claims, the designated administrative review official shall inform the division, the institution's executive director and chairman of the board of directors, and the responsible principal and responsible individual of the outcome of the appeal.
- (9) The determination by the administrative review official is the final administrative determination to be afforded to the appellant.

CACFP REFERENCE SHEET

Monthly Membership-Information Needed for Claim			
<i>Enrollment Forms</i> <ul style="list-style-type: none"> Signed yearly by Parent/Guardian or Client May have multiple participants on one form Days and hours normally in care and meals received are noted 	<i>Income Applications</i> <ul style="list-style-type: none"> Completed and signed by Provider who wants to claim their own children. May have multiple participants on one application Must be completed annually Sponsor is the determining official to make sure all information is complete 	<i>Sign in/out sheets.</i> <ul style="list-style-type: none"> Completed daily Name matches participant's name on Enrollment Form Used to cross-reference participants meal times. 	
Meal Counts-Information Needed for Claim			
<i>Menus</i> <ul style="list-style-type: none"> Must meet meal pattern guidelines Current month posted Food must be creditable Copies placed in monthly folder 	<i>Menus, Continued</i> <ul style="list-style-type: none"> All menus, including Infant menus, must be maintained Substitutions must be noted on all menus before the meal service 		
Costs/Documentation of-Information Needed for ACQR			
<i>Program Labor</i> <ul style="list-style-type: none"> Personnel Activity Report Completed daily by employee Signed by employee 			
Civil Rights			
<i>Public Notification System</i> <ul style="list-style-type: none"> And Justice for All in the Sponsor's office Building for the Future in the providers home News Release for each county where providers homes are located Non Discrimination Statement 	<i>Data Collection</i> <ul style="list-style-type: none"> Completed annually Includes Ethnic and Racial Data 	<i>Grievance Procedures</i> <ul style="list-style-type: none"> Documents kept in accessible location Move complaint forward in a timely manner (3 days) 	<i>Training</i> <ul style="list-style-type: none"> Must include Civil Rights to all people involved with food service Required prior to start of any program duties Performed annually and as needed for new staff Documented and filed in appropriate folder
Monitor Reviews			
<ul style="list-style-type: none"> Only necessary for sponsors with multiple sites Completed within first 4 weeks of participation in the program Must complete at least 3 per year per site No more than a 6 month lapse between reviews 			